



## Building Block Pediatric Therapies of Illinois

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### COVID-19 Liability Waiver

Building Block Pediatric Therapies of Illinois LLC, has put preventative measures in place due to the spread of COVID-19. However, given the nature of our evaluation and treatment methods, you may increase your risk of contracting COVID-19 by resuming in person therapy/treatment. By consenting to treatment today and in any future sessions, you voluntarily assume all risks and agree that you will not hold Building Block Pediatric Therapies of Illinois, LLC, any of its employees, or partners liable for any resulting illness or injury.

To help limit the chance of exposure, we ask that you agree to the following:

1. That in the past 14 days you or anyone in your household have not had a fever, cough, breathing problems, sudden loss of taste or smell, sore throat, sneezing, muscle aches, or rash.
2. That in the past 14 days you or anyone in your household have not traveled abroad, been on a cruise ship, or traveled within the US to a reported hot spot affected by COVID-19.
3. That you or anyone in your household have not been in contact with anyone that has a confirmed or suspected case of COVID-19 who has been asked to self quarantine by their medical professional.

In addition, our waiting room is closed until further notice. Therefore, to be seen, we ask that:

1. You wait in your car and text your therapist (cell # will be provided) when you arrive. Your therapist will come out and get your child.
2. Only 1 therapist and your child will be assigned to a treatment room. Appointments will be staggered to aid in minimal contact between clients/therapists. Incidental contact with another client/therapist may occur during passage throughout the clinic. A parent will be allowed to accompany their child into the room (required to wear a mask for the duration of the session) if the child is an infant or 2 years of age or younger or a child is unable to separate from the parent.
3. All therapists, children, and parents will be required to wash their hands upon entering and leaving their scheduled appointment, and wear a mask or shield ( to the best of the child's ability if over 2 years of age.)

Signing this document indicates that you understand the risks and agree to abide by these guidelines to protect your child, self, and the therapists providing treatment at Building Block Pediatric Therapies of Illinois, LLC. Please note that if you cannot abide by these guidelines, your child will not be able to be seen within the clinic, but can be seen through our Telehealth/Teletherapy program. Thank you for your cooperation during these unprecedented times.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Building Skills. For Kids. One Block at a Time.

